

# PRINTER RUSH

(PTO ASSISTANCE)

Application :	<u>09 500 439</u>	Examiner :	<u>K. Deshpande</u>	GAU :	<u>3625</u>
From :	<u>mg</u>	Location :	<u>IDC</u> FMF FDC	Date :	<u>05.30.08</u>
Tracking #:			<u>09 500 439</u>	Week	<u>05.19.08</u>
			<u>EP4</u>	Date:	

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449		<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS		<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>05.03.04</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW/FWCLM		<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW		<input type="checkbox"/> Other
<input type="checkbox"/> DRW		
<input type="checkbox"/> OATH		
<input type="checkbox"/> 312		
<input type="checkbox"/> SPEC		

[RUSH] MESSAGE: \_\_\_\_\_

claims (original) 6 and 19 depend

on cancelled claims 9 and 16, respectively.

Please resolve.

Thanks

[XRUSH] RESPONSE: \_\_\_\_\_

Examiner's Amendment to amend claims 6 and 19 to depend off of claims 1 and 14.

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INITIALS: /KD/

EXAMINER: PUBS contacts -- for DESIGNS: Don Fairchild, 703-308-9250 x126; for ALL OTHER FILES: Bernadette Queen, 703-308-9250 x121

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.